



2023-2024 IAABO Certificate of Insurance Request Form

Remit via email to eileen.stanton@cbizbp.com

Named Insured: International Association of Approved Basketball Officials, Inc.

Board Name and #: _____

Event (Meeting/Classes): _____

Date(s) of Event: _____

Name of Meeting Site: _____

Additional Insured Information:

#1: Name of Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

#2: Name of Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Endorsement Form Info (Only Complete if Asked by Additional Insured)

General Liability Form Number Requested: _____

Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____